2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N21189 FILED FRIENDS OF THE ISLAMORADA AREA STATE PARKS. 05 MAY 18 PH 4: 17 SEURETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 84371 OVERSEAS HIGHWAY P.O. BOX 236 ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 CR2E037 (10/03) 05042005 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0028954 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIKLAS, JOE DO NOT WRITE MILE MARKER 88.7 TAVERNIER, FL 33070 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE NAME SYLVESTER, EILEEN STREET ADDRESS 166 GULFVIEW DR. CITY-ST-ZIP ISLAMORADA, FL 33036 TITLE NAME STROBEL, KAREN STREET ADDRESS 165 CORAL RD. CITY-ST-ZIP ISLAMORADA, FL 33036 MALONE, KATHLEEN NAME STREET ADDRESS 148 GARDENIA STREET DO NOT WRITE CITY-ST-ZIP TAVERNIER, FL 33070 TITLE IN THIS SPACE CLOSE, CATHY STREET ADDRESS LONG KEY STATE PARK, PO #776

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE NAME LONG KEY, FL 33001

POST OFFICE BOX 1052

ISLAMORADA, FL 33036

102 MOHAWK STREET

TAVERNIER, FL 33070

WELLS, PAT

SPRUNT, DONNA

Eleen F. Sylvester
SCHATURE AND TYPED OF PRINTED ROPE OF SIGNAM OFFICER OR DIRECTOR

5/4/05(305)664-5574



Department of Environmental Protection

Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

Colleen M. Castille Secretary

May 12, 2005

Mr. Sean Toner
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to request the Corporation Reinstatement of Friends of the Islamorada Area State Parks, Inc. They are a duly authorized citizen support organization, which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122. This filing is exempt from any fees when certified by this department.

If further information is needed, feel free to contact Phillip Werndli at 245-3098.

Sincerely,
Mills Bullack

Mike Bullock

Director

Florida Park Service

MB/jp

Attachments